

Practitioner's Docket No. 1748/110

2614
24
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Chengda Yang, Kevin Manbeck, Stuart Geman, and Donald Geman

Application No.: 09/821,778
Filed: March 29, 2001
For: Format Conversion

Group No.: 2614
Examiner: Michael Lee

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$475.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

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Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. § 1.8(a)

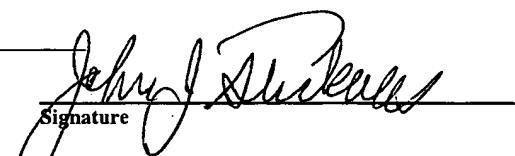
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37 C.F.R. § 1.10*

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Signature
John J. Stickevers
(type or print name of person certifying)

Date: August 2, 2004

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | | | |
|---|---------------------------------------|------------------|--------------------|---------------|--|--|---------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | | | |
| TOTAL | 41 | - | 41 = 0 x \$ 9.00 = | \$ | | | \$ 0.00 |
| INDEP. | 9 | - | 9 = 0 x \$ 43.00 = | \$ | | | \$ 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | + \$ 0.00 = | \$ | | | \$ 0.00 |
| | | | TOTAL ADDIT. FEE | \$ | | | \$ 0.00 |

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$475.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-4972.

If an additional fee for claims is required, charge Account No. 19-4972.

Date: August 2, 2004


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